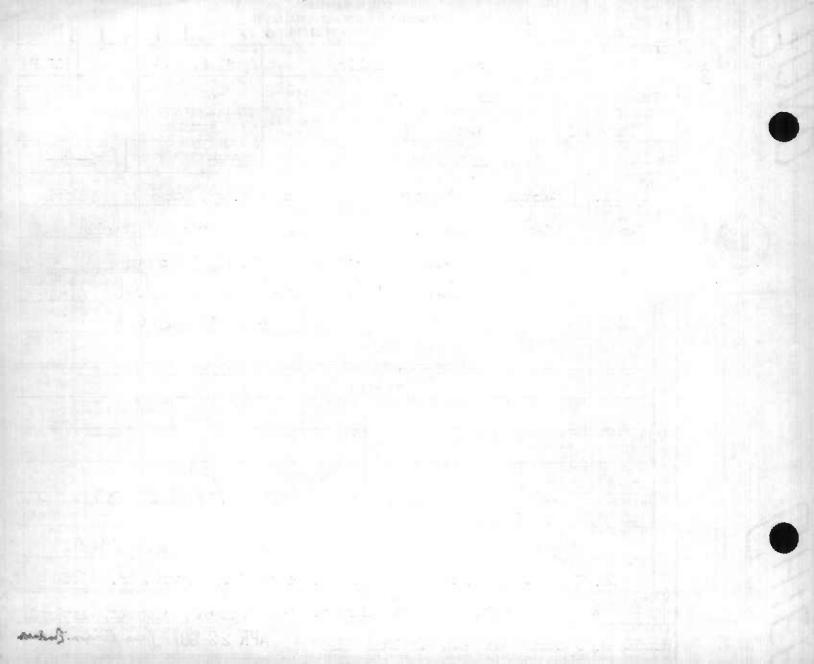
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\$ 7		VAS DECEASED EVER IN		FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMANT		RESS		
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ental Hygi		210, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	21b. TIME O HOUR A.	M. MONTH	AY YEAR	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF IN	BURY IN ITEM 18 PART	I OR PART 2)	
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CTOR: Affor use of Health	ă	22a I certify that (I) (1 saw the deceased above, (I) (we) (dia				8 Per	d that in (my) (our) opinion	on death occurred on the	dote and hour ar	nd from the o	hat (I) (ye) lost ouses stated
AL DIREC detached ate Dept. IT: If Item		226. SIGNATURE	118/2				DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF BICIAN []	475	SIGNED
should be dete with the State		Dr. Th	AE (TYPE OR PRIM NOMAS J		n, MD		311 N. Four	cth St., Oak	land, Mo	1. 21	550
¥ \$ 3 <b>≥</b> 7		urial, cremation, ri spec <b>burial</b>	EMOVAL 23	36. DATE 4/9/8			emetery or cremator lade Cemeter	Swanton,	Garret	ounty t, Ma	ryland
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(VRA 15. 4)	Br	adlev A. St	ewart	Oak	land. Ma	rvland	21550	AFR 22 190	71	1000	



052043 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO. 1. DECEASED NAME 20. DATE KNOWN DO MONTH DAY 26 HOUR (TYPE OR PRINT) OF ESTI-W. Buckel 1.87 620 A Lenora 16 4 RACE SEX DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DAY 2d HOUR 2c. DATE PRONOUNCED 9-10-1895 430P Female White 16 Ja BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Garrett County. Maryland USA WIDOWED T DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frank Brenneman Rd School Teacher Bittinger Public Sch USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE ANDRESET. (P.O. Box 130 STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 136 COUNTY Bittinger Frank Brenneman Rd. Marvland Garrett NO IX 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Winterberg Thomas Wiley Lvdia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** DIVISION I (IF YES, GIVE WAR OR DATES 212-38-5973 Herbert Buckel, Jr., Bittinger 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung with metastases 30 Mos. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MER. THIS GEN.
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TO THE DEPART YES 🗌 NO PA 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 211. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3: AFTER DEATH, WITH THE STATE DE BALTWORE, MARYIAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK COUNTY STATE 270 I certify that Work charge of the remains described above, held on Autopsy Inspection and in my apinian Natural causes death resulted frame Accident Suicide Hamicide ... Undetermined manner TITLE (SPECIFY) DATE \$24-16-87 ACTUAL DEPUTY SIGNATURE EXAMINER NAME James H. Feaster, Jr., M.D. 107 S. 2nd St., Oakland, Md. 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION APR 27 987 FRAR PRINTERS OF THE STREET OF TH 11-18-87 Burial Bittinger Cemetery Bittinger, 07/84 24 FUNERAL PRECTO **DHMH - 17** Grantsville, MD (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME HOUR Helen April 13, 1987 335 P Myrtle DAHLBERG 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH March 13, 1903 Female White BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED West Virginia IISA Garrett WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Garrett County Memorial Hospital INDUSTRY Oakland Retired Nurse Hospital SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE West Va. Preston Rowlesburg P. O. Box 55 26425 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Albert James Hostetter Margaret (Knotts) Hostetter 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST Jane Cline. 550-09-1512 Rowlesburg, W.Va. 26425 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c PART I. DEATH WAS CAUSED BY: ZNAL IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF METASTATIC COVERNMA Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 1ABSTES 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220 1 certify that (1) (this haspital) attended the pleceased from sow the deceased alive an above (II) (we) (field (did not) view the body after death. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE Manago ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TYPE OF PRIN 22e ADDRESS Third Street, Oakland, Maryland Dr. Thomas Mance, DO 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION burial 4/16/87 Terra Alta Cemetery Terra Alta, West Va 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25 REGIST DHMH - 16 60M 7/84 Kiger-Williams Funeral Home, Kingwood, WVAPR (VRA 15, 4)

The State St

Oakland, Md. 21550

Davidson.

FOR

24 FUNERAL DIRECTOR

Bradley A. Stewart

DHMH - 16 60M 7/84

(VRA 15, 4)

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR L DECEASED NAME

Mary

STATE OF MARYLAND

DAVIS

5. DATE OF BIRTH

WIDOWED

Josephine

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEA

April 1, 1898

MARRIED | NEVER MARI

13d INSIDE CITY I

15. MOTHER'S MA

17 INFORMANT

Ms. Jan

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YEAR 3	6 AGE (INYEARS LAST BIRTHDAY)  89  YRS.	WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
RED DON	9 BALTIMORE CITY OR COUNTY Garrett  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEF HOMEMAKER	126. K(ND O	MD, F BUSINESS OR
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et Da	ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
cul	an accident	APPROXI BETWEEN	MATÉ INTERVAL DISET AND DEATH
THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110	
		S, WERE FINDIN	
D	YES NO YE	YING CAUSES	
OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)	

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

211 LOCATION

COUNTY

CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET 22a I certify that (I) (this hospital) attended the deceased fram. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226 SIGNATURE

236. DATE

22e. ADDRESS

ATTENDING .. MEDICAL PHYSICIAN

DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE

230. BURIAL, CREMATION, REMOVAL

Burial

311 N 231 NAME OF CEMETERY OR CREMATORY

DEGREE

Forrest Lawn Gardens

23d LOCATION CITY OF TOWN Canonsburg

Washington

DHMH - 16 60M 7/84 (VRA 15, 4)

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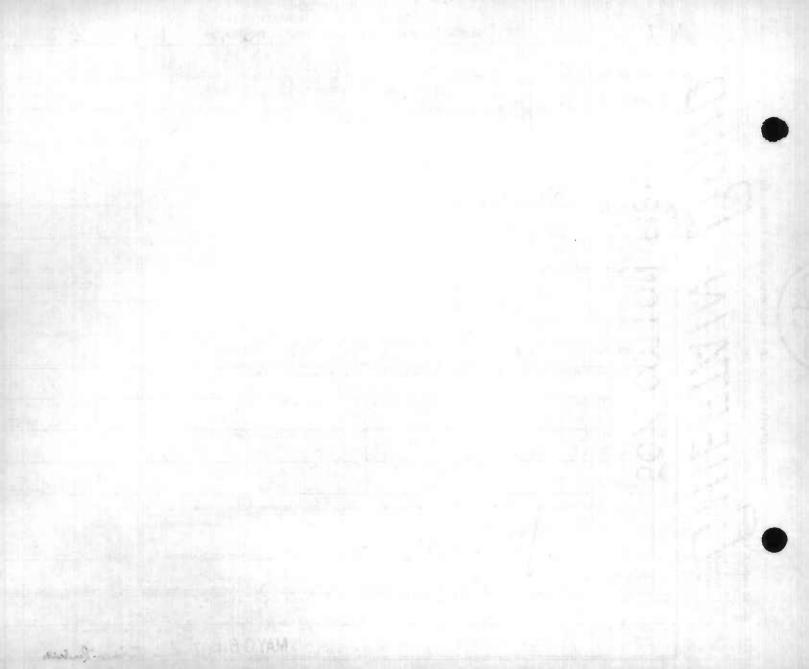
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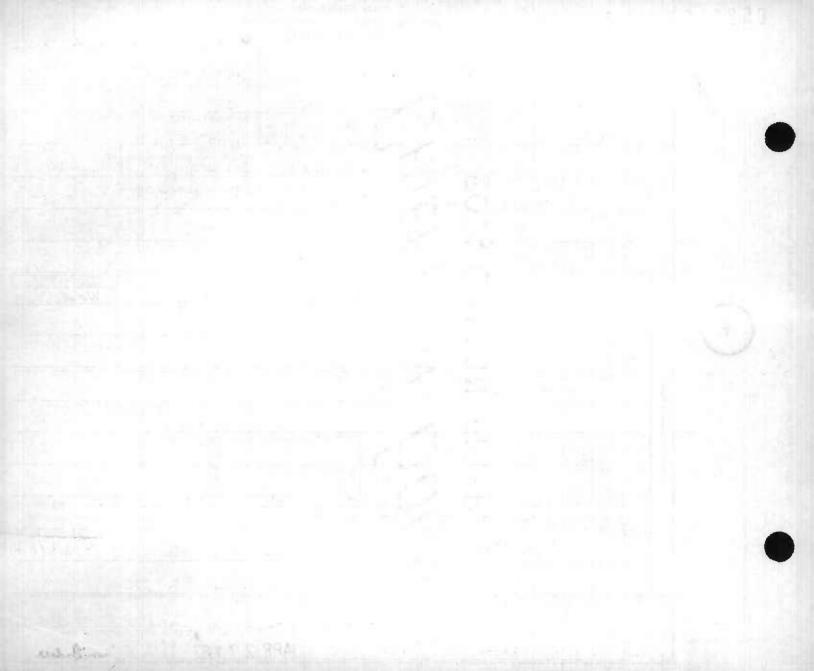
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Durst Funeral Home - Oakland, Maryland 21550

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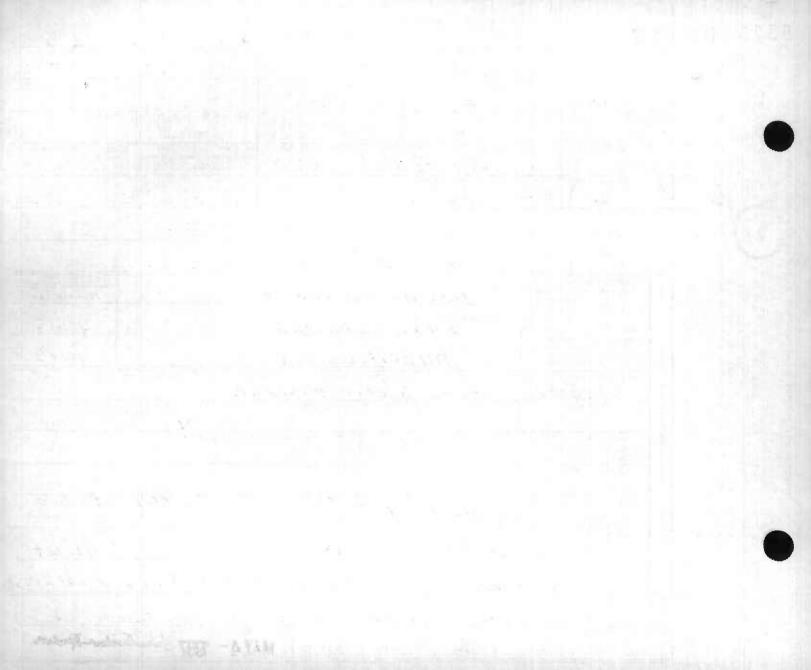


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DHMH - 16 60M 7/84

(VRA 15. 4)

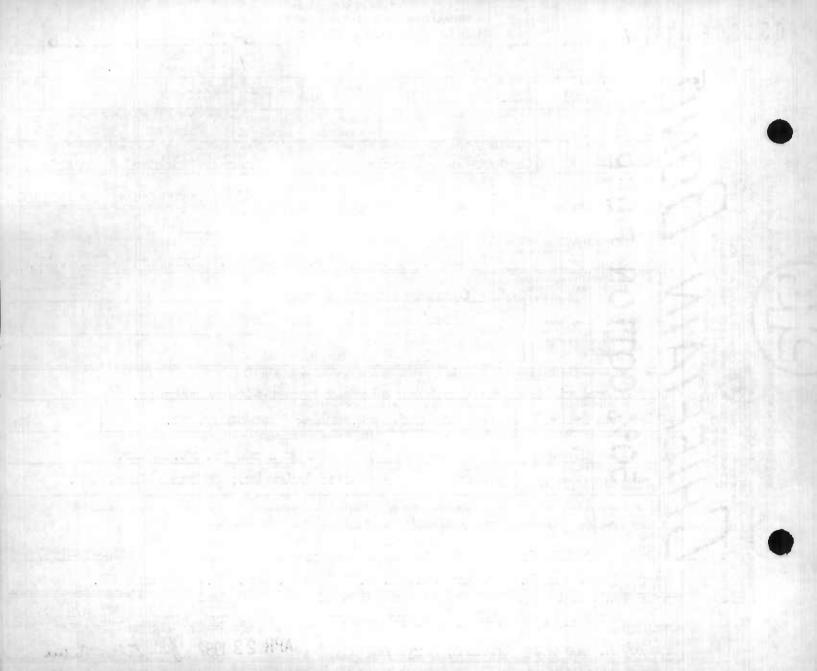
Bradley A. Stewart



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF REATH REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) 10,087 Mary The 1ma HANLIN DEATH MATED ADr. 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED Female White Jan. DEAD Th CITIZEN OF WHAT COUNTRY? 79 BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA Garrett IO CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Oakland Teacher/Principal Cuppett-Weeks Nursing Home Education WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113h COUNTY Oakland 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 45 Highview Drive, #4 Garrett NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Escar Maude Williams Floyd Curry 17. INFORMANT 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS T. PAGES DIVISION No 212-38-5990 Mrs. Rayetta J. Bittinger, Oakland, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary artery disease Years IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis, generalized 11 Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Fractured right ankle: Carcinoma of right breast with metastases.

196. Date of Operation 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USE! AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATTMORE, MARYLAND, 21201 PRIOR TO BURIAL. 3-9 and 3-16-87 Closed reduction rt. ankle; Mastectomy, rt. YES [] NOX 218 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR Fell at home and fr. rt. ankle. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME 45 Highview Dr., Oakland, Garrounty Md. WHILE AT WORK 22a. I certify that took charge of the remains described above, held an Autopsy Inspection Accident ACTUAL SIGNATUBE DATE 4-16-1987 MEDICAL EXAMINER EXAMINERS NAME James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Md. 230 BURIAL CREMATION REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION burial Bayard Cemetery Bayard, Grant, West Virginia 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Bradley A. Stewart Oakland, Maryland 21550 Julia Dividson Pendal (VR A15 ME (5))

STATE OF MARYLAND



Oakland, Maryland

21550

(VRA 15, 4)

Bradley A. Stewart

Aulia Davidson K

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) 5:45P M Ethel Berenice HESSER April 4, 1987 4 RACE 6. AGE IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH IF UNDER I YEAR MONTH DAY White Sept. 20, 1893 Female BIRTHPLACE (SLATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY W. Va. USA WIDOWED DIVORCED [ Garrett 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Goodwill Mennonite Home Teacher Education Grantsville JOUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Oakland 522 E. Alder Street 21550 Maryland Garrett YES X NO [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Minta Fisher John Abraham Hesser ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 232-26-6806 Self - Pre arranged No APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ardin resp IMMEDIATE CAUSE (o) PRESTON ST Creprovasculardique Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NO YES [ riol-tronsit entol Hygie 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION 0 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE AT WORK 220 1 certify that (1) (the hospital) attended the deceased from sow the deceased alive on\_ and that in (my) (and apinion death occurred on the date and hour and from the causes stated obove, (1) (we) that (did not) view the body after death. 226. SIGNAJUR DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF FUNERAL uld be deto DIRECTOR | PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME ( PPE OR PRIN 22 ADDRESS MPORT, George B. Stoltzfus, M. J. Maple St. Friendsville, Md. 230. BURIAL CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Buria1 Garrett Memorial Gards. Oakland Garrett Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Durst Funeral Home Oakland, Md. 21550 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9995 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DECEASED NAME 24. DATE KNOWN X MONTH DAY TYPE OR PRINTS 924A DEATH MATED John Haig JACKSON 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IE UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 9211A July 13, 1913 DEAD Male White 73 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED ST NEVER MARRIED FOREIGN COUNTRY) Garrett. IISA DIVORCED New Jersev 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (DOA) "Garrett & Corde Memorial Hospital 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY CakLand Engineer (Civil) US Army UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13c. CITY OR TOWN 138. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Garrett Oakland 233 N. Second St. 21550 YES TV NO T 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME John William Jackson Mabel Rozina Hohing 17 INFORMANT 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Yes 1935-1968 259-60-0081 Mrs. Ruth R. Jackson - same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AN CAUSED BY:
IMMEDIATE CAUSE (o) Arteriosclerotic occlusion, anterior descendyears DUE TO, OR AS A CONSEQUENCE OF ING COronary artery. Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ARR: Thus in the Cate, Writing in the Cate, Writing in the Cate, Writing is should be used in the Cate of the Cate 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY TATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 22a I certify that I to all charge of the remains described above, held an utopsy Inspection death resulted from Natural causes Hamicide \_\_\_\_ Undetermined manner 4-4-1987 MEDICAL EXAMINER James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Md. EXAMINE NAME (TYPE OR PHINT) 23e, BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION STATE Arlington Nat'1 Cem. Burial Arlington Arlington Va. 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 RIGISTRAS SIGNATURE Uss P.O. Box 243 **DHMH - 17** (VR A15 ME (5)) Durst Funeral Oakland, Md. 21550 Home -

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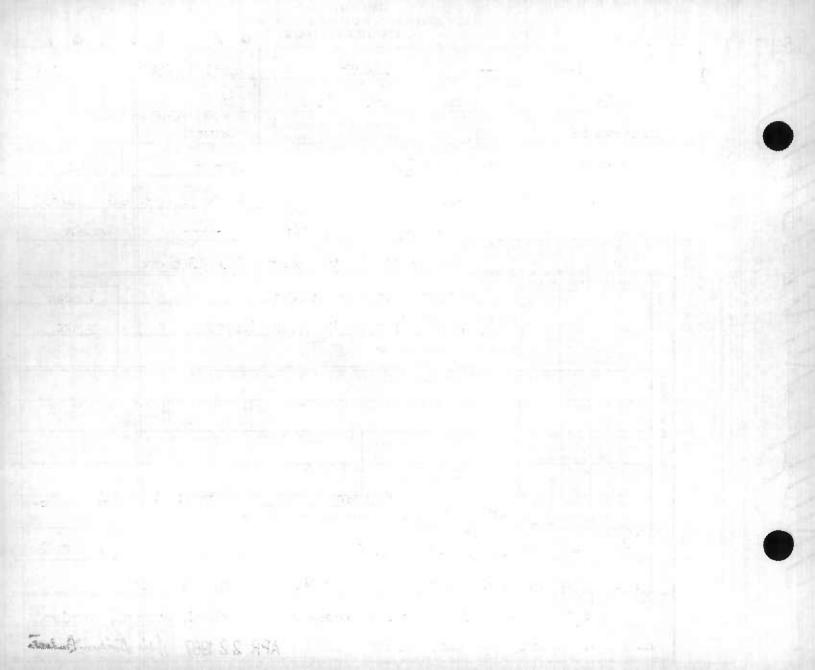
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTI Wilmer Lantz Erwin 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 21 MRS Male White Oct. 27 1890 96 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED W.Va. Garrett Cty. U.S.A. WIDOWED DIVORCED | ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Garrett Cty Mehorial Hosp. Deputy SASSESO POTEXES Oakland DAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 ESTREET APORTS ZIP 200705 13d INSIDE CITY LIMITS? Prestor Stemple Hygsen 15. MOTHER'S MAIDEN NAME ATHER'S NAME MIDDLE John Ellen Sell. Lantz Mary 6n WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT =26705 LE YES GIVE WAR OR DATEST Erwin Stemple Rt.1 box162 Aurora, W. Vv 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) was Caused BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Failure IMMEDIATE CAUSE IQ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20n AUTOPSY? 20h, IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21b. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 150014 5 1haris saw the deceased alive an \_hawh & and that in (my) (aur) apinian death occurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death IGNATURE DEGREE 22c. DATE SIGNED MD ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 2/27/87 22d PHYSICIAN'S NAME (TYPS OF PRINT) 22e ADDRESS Esha, W/267/6 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION Stemple Ridge Cenetery Stemple Ridge 230. BURIAL, CREMATION, REMOVAL 236-DATE 0-87 Buri al 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 P.O. BOX 186 DAVIS W. Ug. (VRA 15, 4)

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## STATE OF MARYLAND

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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a.B	URIAL, CREMA	TION, REMOV				NAME OF CE					CATION		COLL	NTY	TATE		
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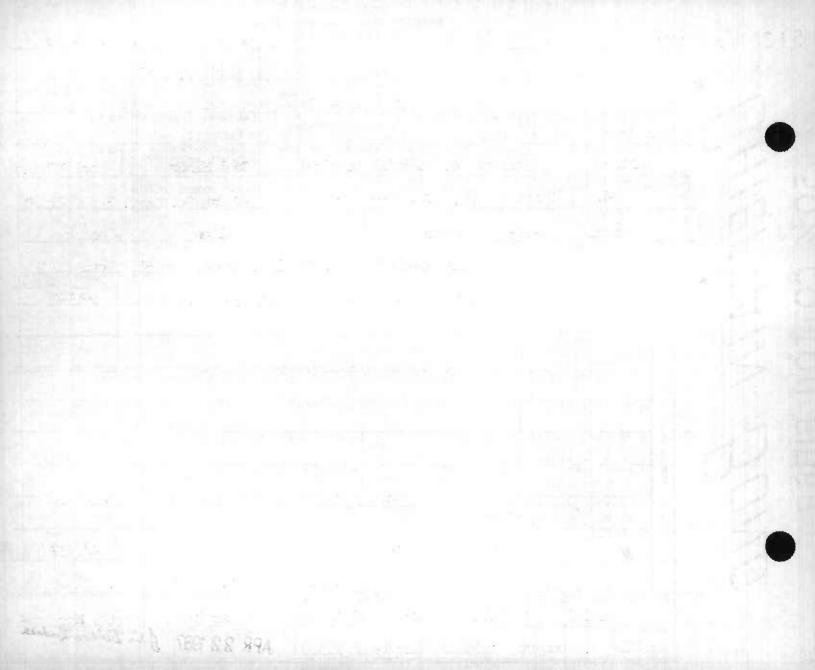
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Oakland, Maryland

21550

Bradley A. Stewart

(VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST (TYPE OR PRINTS Claudie 30, 1987 Elnora NINE April a M 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER 1 YEAR MONTH Female White Nov. 28, 1893 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) W. Va. Garrett USA WIDOWED DIVORCED [] ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oakland Rt. 3 Box 108 21550 Homemaker Own Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Garrett Oakland YES | NO N Rt. 3 Box 108 21550 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDOLE Benjamin Baxley Sarah Rinker ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 234-42-7690 Mrs. Ruby Miller - same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY cardiopulmoneus alres DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION hom. poulsis 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased play on the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 77h. SIGNANURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Donald R. Richter, M.D. Fourth St. Oakland, Maryland 21550 0 % 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY STATE BP Burial Fairview Cemeterv (rural) Oakland Garrett Md

DHMH - 16 60M 7/84

24 FUNERAL DIRECTO Durst Funeral Home - Oakland, Md. 21550 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

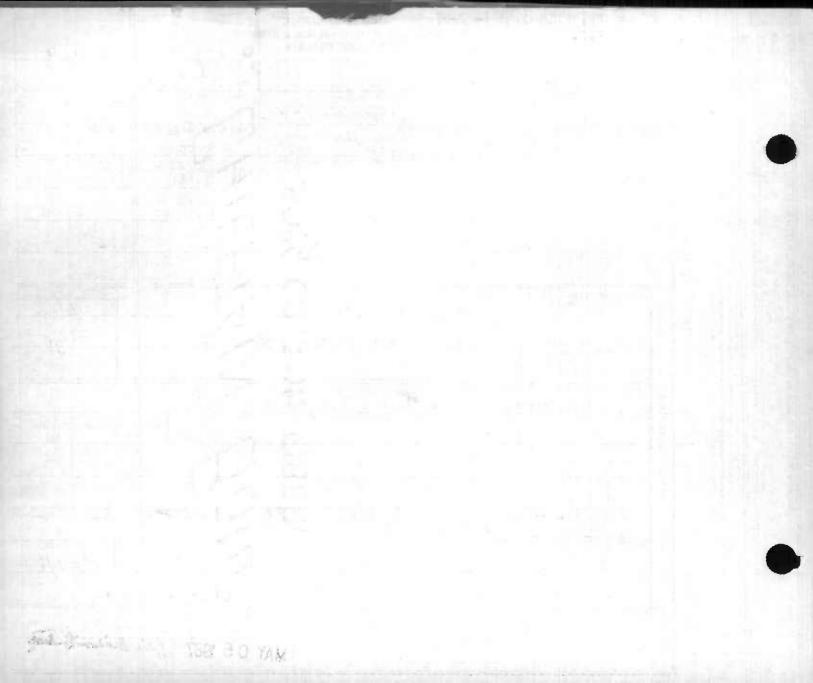
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DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR Bradley A. Stewart Oakland, Maryland 21550



STATE OF MARYLAND

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20. DATE OF DEATH MONTH DECEASED NAME 430 A M April 13, 1987 Glen RINEHART Durwood 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR 4 RACE 19 17 Male White May TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED West Virginia USA Garrett WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HE CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Oakland Garrett County Memorial Hospital Coal Miner Coal Mining USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Rt. 1, Box 134 13d. INSIDE CITY LIMITS? 21550 Garrett Oakland Md. NO K 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Florence Olive Pase Rinehart Oran Α. IAN SOCIAL SECURITY NO 17 INFORMANT Mrs. Mary C. Rinehart, See #13 above 233-20-0999 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Minutes IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE O Davs Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse lost. Years Cardiovasan PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended; the deceased from and that in (my Dour) apinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Dr. Donald Richter, MD 311 N. Fourth St., Oakland, Maryland 21550 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23h DATE Garrett Co. Mem. Gds. Burial 4/16/87 Oakland, Garrett,

DHMH - 16 60M 7/84 (VRA 15, 4)

Bradley A. Stewart

Oakland, Maryland 21550

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PRESTON ST., BALTIMORE,

DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND

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## STATE OF MARYLAND

1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. NO		4 3	8	
	EASED NAME FIRST	WIDDLE	Į,	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUI	
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3. SEX		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF UND		IF UNDER	A HRS.
	Male	White	04	- 30 - 87		YRS.	DATS	1	0
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIED X	9. BALTIMORE CITY OR COUNTY OF DEATH				
15	MD /	U.S.	WIDOWE		Gar	rett			MI
10. CI	Oakland	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Garrett County	ET ADDRESS]		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		KIND OF DUSTRY	BUSINE	SSOR
USUA 13a S		OTHER INSTITUTION, GIVE RESIDENCE BEFO	WN	13d. INSIDE CITY LIMITS? YES NO X	Route 1.		21	5	31
14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME				
		vering Smit	h	Chervl	Ann	Ann Henderso			
	AS DECEASED EVER IN U.S. AR		URITY NO.	17. INFORMANT	ADDRE	SS			
	TA CAUCE OF DEATH &		-1	RODELL L. S	mith, same		APPROXIM. BETWEEN ON	ATE INTER	VAL_
	PART I DEATH WAS CAUSE	nly one cause per line for (o), (b), o ED BY: TE CAUSE (o) asphyxi						our	
7		DUE TO, OR AS A CONSEOUR (b) premature (c) p	rity UENCE OF ITE 1ab	NOT RELATED TO THE TERM		DITION GIVEN IN	PART 1(o)		
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TIFICA	None	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES [			TH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	RPART 2)		
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	276 SIGNATURE CA	W. P.	VATO	DEGREE  ATTENDING PHYSICIAN X	MEDICAL STAR	F	05/0		7
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		220. ADDRESS					
	William W. F			253 N. 4th S		, MD 21	550		
	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUR	NTV	5	TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

BP.

this certificate has been signed by the attending physician and cone burial-transit permit. Then please remove carbonpapers. Pages 1

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the bunal-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT. If them 21 is marked ox

Smith Family Cemetery

Friendsville

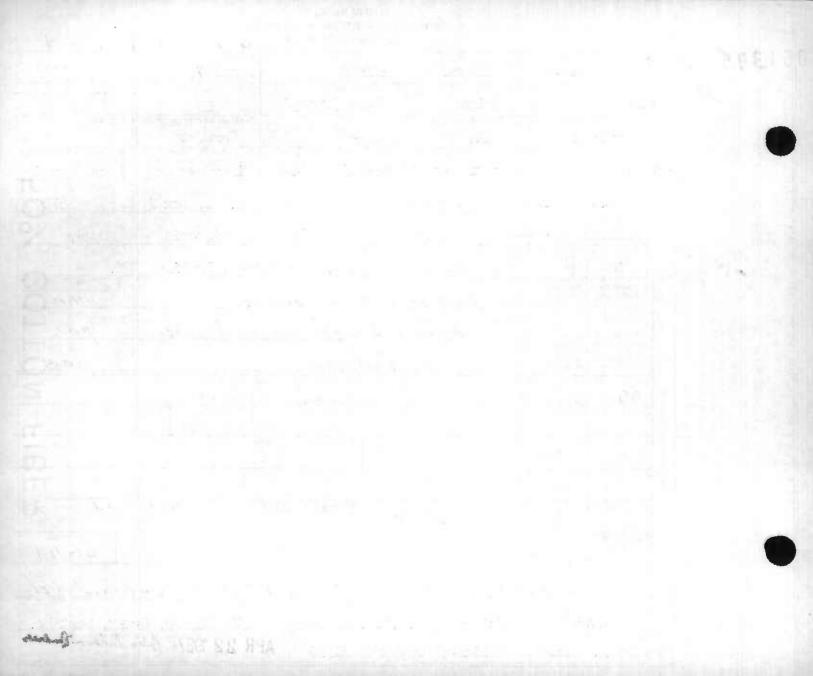
Garrett

- Oakland, Maryland 21550 Durst Funeral Home

BY REGISTRAR 250 REGISTRAR'S SIGNATURE

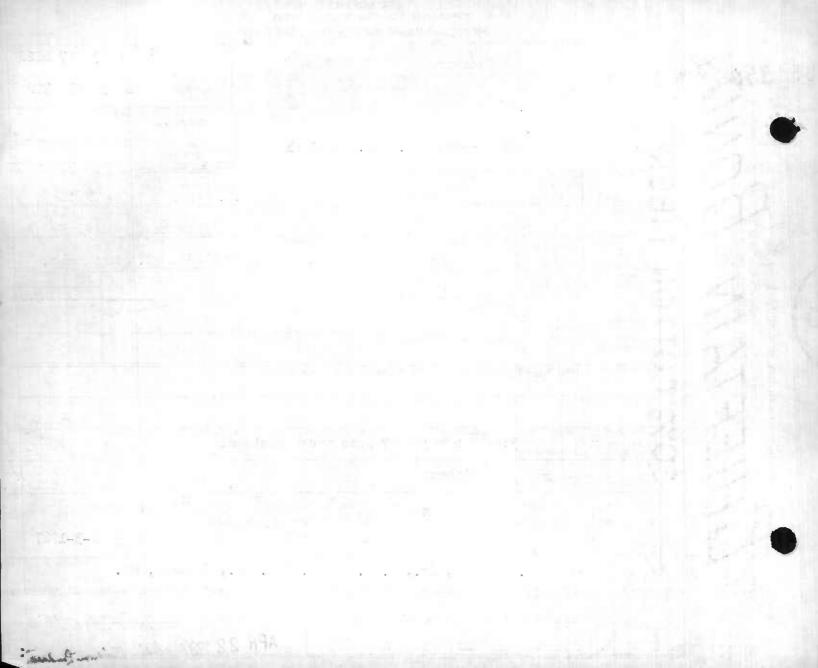
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	1 -	STATE REGISTRAR	CERTIFICATE O				H 8 / REG. NO. 1 4 3 9						
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offer of with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Garrett County Memor				128 USUAL OCCUPAT	OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY				
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ND 21	13a. S	TATE WVA Gra	NTY Ent	13c CITY OR TOV	WN	13d. INSIDE CITY LIMITS?	Rt. #3, Bo	ZIP CODE	19	26720			
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MAR ed will		Lacrosse	WIDDLE	Spiker		Alice	Victor	Ĺa	Grad	.y			
Se S		AS DECEASED EVER IN U.S. AI	RMED FORCES?	16h SOCIAL SEC		17 INFORMANT	ADDR	ESS	4 4 1000				
I I		es, no ortuknown) (IF yes, Gi	THE WANDAILS,	232-10-	8813	Mrs. Ruth H	itson, Rawli	ings, M					
BAIL SE		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),  APPROXIMATE IN BETWEEN ONSET,								NATE INTERVAL INSET AND DEATH			
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by by lost		underlying cause lost. (c) atheres sclevaries years											
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RECORDS.  Ilaw requii os been sig	FICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED											
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ITA Sicro opte opte nosit yygie	CERTI	210. ACCIDENT WAS UNDERLYING	216. TIME (	OF INJURY		21c. HOW INJURY OCCUR				110			
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DIVISION OF VITAL  NG PHYSICIAN: The rottending physicion Wher this certificate h os the buriol-tronsit p th and Mental Hygier th and Mental Hygier orked ar item 18 shaw	MEI	WHILE IN NOT WHILE IT		REET, FACTORY, OFFICE.	FARM, ETC )	STREET	CITY OR TO	NWN	COUNTY	STATE			
Affe Affe						3/2//	,	1/21	07				
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OR OR POR		22h. SIGNATURE	. ~	. / (		DEGREE ATTENDING	MEDICAL _ STA	cc	22c. DATE	SIGNED			
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DHMH - 16 60M 7/84		INERAL DIRECTOR				25a. DA		25h. DEGISTR	SIGNATI	Padas			
(VRA 15, 4)	Bra	adley A. Stewar	t Oak	land, Ma	ryland	21550 A	LU 77 1861	guia	Manner J.	0-20			



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) ESTI-John Bernard TOWNSEND, Sr. DEATH MATED 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Male White Feb. 8, 1929 58 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Garrett west Virginia USA DIVORCED WIDOWED [ 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS General laborer Construction USUAL RESIDENCE (IF IN NORSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS W. Val 26720 Grant Gormania P.O. Box 5 NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Theodore John Essie Claretta Guthrie Townsend 66 SOCIAL SECURITY NO 234-40-3750 Mrs. Sharon Aronhalt, Mt. Storm, Wa. Yes WW II 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive thoracic & abdominal trauma 52 min DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T 21a EXTERNAL CAUSE WAS TIB. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Auto truck accident UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FATORE TOWNEY Mt. Storm. AT WORK AT WORK Rural West Va. Grant, Inspection L 220. I certify that I taak charge of the remains described above, held an and in my apinion Natural causes Accident Undetermined manner 4-3-1987 DATE MEDICAL EXAMINER EKAMINERS NAME James H. Feaster, Jr., M. D. 107 S. 2na. St., Oaklana, Md. (TYPE OR PRINT) 230. BURIAL, EREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 4/6/87 Bayard Cemetery Bayard, Grant West 1 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNA West Virgini 24 FUNERAL DIRECTOR 22 1987 Oakland, Maryland 21550 Bradley A. Stewart (VR A15 ME (5))

STATE OF MARYLAND



(VRA 15, 4)

Durst Funeral Home

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FOR

24 FUNERAL DIRECTOR

Bradley A. Stewart

DHMH - 16 60M 7/B4

(VRA 15, 4)

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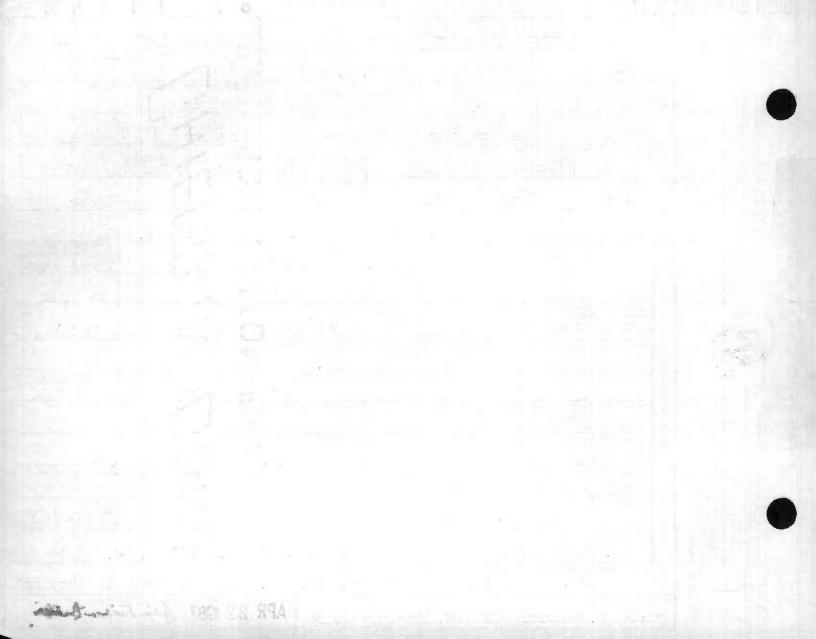
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

250, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND 049905 APR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH ₩ REGISTRAR REG. NO. 1 DECEASED NAME MIDDLE 20 DATE OF DEATH TYPE OR PRINTE Florence E Yoder April 1. 1987 5 DATE OF BIRTH 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX DAYS HOURS Female White T- 1890 7a. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED | NEVER MARRIED Elk Lick Two Garrett County IIsa WIDOWED | DIVORCED | 11, NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Grantsville Goodwill Mennonite Home Teacher Schoo USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138 STATE 139 COUNTY 138 CITY OR TOWN L. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Somerset Salisbury Grant St. YES A NO T 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE MIDDLE Yoder Livengood Sarah manue. ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I I IF YES, GIVE WAR OR DATES! Somerset. Mrs Ruth L Scott 219-30-8590 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line factor, (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF caremin Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 190 DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ NON YES [ 718 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER PM 19 214 INJURY OCCURRED 21R PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE 22a I certify that (I) (this basaital) attended the deceased from saw the deceased alive an and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated above, (1) (well (did) (did set) view the body after death. DEGREE 22h SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22R ADDRESS 236 BURIAL, CREMATION, REMOVAL 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23b. DATE -3-8 BURIAL CEMPJENY SALISBURY - SOMERSE 24 FUNERAL DIRECTOR DHMH-16 25M (VRA 15, 4) 1/79 SALISBURY, PA 15556

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nay be page 3		Yost Yost	J		Yoder		April 26	, 1987	7	4:50 A	
E L	3. SE		White		5. DATE C		6 AGE (INYEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS	
rs aft		Male			May 6 1993		73	ITHS DAYS	HOURS MIN		
Page 1 direct	70. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH				
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BALTIMORE, MARYLAND 21201 cate be executed within 24 hours vysicion and completey fulled in by apers. Pages 1 each 2 should be full oval. nt, the medical examine muss be pa	13a. S	AL RESIDENCE (IF NURSING HOMEO STATE Nd 131, COUI	NTY , 113c	RESIDENCE BEFORE CITY OR TOW antsv	N	13d INSIDE CITY LIMITS? YES NO 🔁	13e. STREET ADDRESS	RD	1 2	1536	
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IMORE,		VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 16b. E WAR OR DATES)	SOCIAL SECU 217 <b>–</b> 54		Rufus Y Y	oder RD1 (		2153 ville		
shysicia popers naval.		18 CAUSE OF DEATH (Enter o	nly ane cause per line	for (a), (b), one	d (c1.)				APPROXI	MATE INTERVAL ONSET AND DEATH	
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RESTON e attend mave ca traumar	1.3	Conditions, if any, which (b) Corone All Disease									
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equires the signed I Then pleon to the burial injury, or in injury, or injury	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)									
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., NG PHYSICIAN; The law requires that the death certificate this certificate has been signed by the attending plass the britilitates has been signed by the autending plass the britilitans plass remove carbons the and Mental Hygiene prior to burial, cremation, ar remarked at Heart 8 shaws any injury, or other traumatic events.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)		
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OR has been ched		226. SIGNATURE DEGREE 226. DATE SIGNED									
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O HOSPITAL OR A etained by the has TO FUNERL DIRECT should be detached with the State Dept.		22d PHYSICIAN'S NAME (TYPEORPRINT)  Eluin L. Martin D.O. Meyersdale Pa - 202 Benchley St.									
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STATE OF MARYLAND

